DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31380

FILED OCT 11 1947

State File No.

Registration District No. **149**   Primary Registration District No. **1001**   Registrar's No. **4171**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city limits, write "RURAL" and name of township)

(c) Name of hospital or institution **1663 Jarboe**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community **26 years**   (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George E. Pearson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **496-09-4746**

4. Sex **Male**   **5. Color or race** **W**   **6. (a)** Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elva Pearson**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Jan. 10, 1888**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
59	8	21	hr.	min.

9. Birthplace **South Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

FATHER **12.** Name **Moses Pearson**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

MOTHER **14.** Maiden name **Nancy Oneal**

15. Birthplace **South Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elva Pearson**

(b) Address **1663 Jarboe**

17. (a) **Burial** **(b)** Date thereof **10-3-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Mrs C L Pfeiffer**

(b) Address **Kansas City, Mo**

19. (a) **10-3-47** **(b)** **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **1663 Jarboe**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **1** year **1947** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased from **Sept 10** **Sept 22**, **47**, to **Sept 30**, **47**, that I last saw him alive on **Sept 30**, **1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure**

Due to **Carcinoma of Lungs**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (c) Means of injury

23. Signature **Charles Glass** (M. D. or other)

Address **806 West 17 St** Date signed **10/2/47**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by................................

.... *Jerry A. Minor* ...., Registered Apprentice No. *437*,

working under my personal supervision.

Signed........ *Cal Samil Muir*

Licensed Embalmer No. *3414*

P. O. Address *918 Brookely*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.